

**CITY OF COVINGTON****Community Development Department**

16720 SE 271st Street • Suite 100 • Covington, WA 98042

Phone: (253) 480-2400 • Fax: (253) 480-2401

www.covingtonwa.gov

MAJOR TREE CLEARING PERMIT APPLICATION**STAFF USE ONLY**

Project Number: _____ Application Date: _____

Major Tree Clearing Permits are those permits involving any removal of trees, clearing and grading of land with trees, shrubs, or other ground cover on sites two acres in size or greater, unless the activity falls within an exemption listed in CMC 18.45.050, in which no permit is required.

PROPERTY OWNER

Legal Property Owner Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

APPLICANT INFORMATION (If different than owner)

Name of Company: _____

Contact: _____

Title: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

CONTRACTOR

Company: _____

State Contractor's License#: _____

PROPERTY INFORMATION

Address: _____

Parcel Number: _____

Current Land Use: _____

Current Zoning: _____

of Trees on Site: _____ # of Trees to be Removed: _____ When? _____

Project Description: _____

Explain why you wish to remove the trees: _____

SUBMITTAL REQUIREMENTS

1. Completed application form with three copies and appropriate fee;
2. The legal description or tax parcel number, and street address for the site;
3. If critical areas and their buffers, as defined in CMC 18.65, exist on the property, then their exact location shall be identified on a topography map showing contours at not greater than five-foot intervals, as determined by a land surveyor. Included shall be any proposed tree cutting, land clearing, landscaping, and replanting activity, within or near such critical areas;
4. A scaled site plan with property lines, north arrow and date showing the location of existing and proposed improvements;
5. A tree inventory with date of inventory, north arrow and scale, showing the location, number, size, height, species, and condition of existing trees, and a designation of any trees to be removed and proposed scope of work;
6. The location, number, height, caliper, and species of any replanted trees pursuant to any tree replanting or tree enhancement plan requirements;
7. Erosion and sediment control plans and mitigation;
8. A tree protection plan with fencing details during construction;



CITY OF COVINGTON

Community Development Department

16720 SE 271st Street • Suite 100 • Covington, WA 98042

Phone: (253) 480-2400 • Fax: (253) 480-2401

www.covingtonwa.gov

MAJOR TREE CLEARING PERMIT APPLICATION

9. A proposed time schedule for tree clearing, replanting, land restoration, and implementation of erosion control measures;
10. A discussion and calculations demonstrating that the conditions and standards set forth in CMC 18.45.070 and 18.45.080 are satisfied;
11. A performance guarantee quantity worksheet consistent with CMC 18.45.120; and
12. Any other information which the Director deems necessary for an effective evaluation of the application for a major tree clearing permit.

NOTICE:

All contractors performing work within the City must have a valid City business license.

I, the undersigned, do hereby certify that I am the owner/applicant and that all information contained above and in exhibits attached hereto is true and correct to the best of my knowledge and belief and is submitted for consideration by the City of Covington. In addition, I understand that acceptance of this application and fees do not constitute submittal of a valid application until so informed by the Administrator. Issuance of a permit does not authorize any work in public rights-of-way, City-owned property, utility easements, sensitive areas or any other areas or properties not specifically approved by the City. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions of any other federal, state or local laws.

SIGNATURE OF OWNER/AUTHORIZED AGENT

DATE